

## To:

Pharmacies

Blood Banks

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## Prior authorization for Alitretinoin Gel

This Update explains the prior authorization requirements for Alitretinoin Gel.

For dates of service on and after January 15, 2000, Wisconsin Medicaid will require prior authorization (PA) for Alitretinoin Gel. Request PA for this drug by submitting paper prior authorization forms [Prior Authorization Request Form (PA/RF) and Prior Authorization Drug/DMS Attachment (PA/DGA)].

Medicaid is adding Alitretinoin Gel to the group of drugs requiring PA to ensure that it is used appropriately. Wisconsin Medicaid has the authority to require PA for certain drug products under HFS 107.10(2), Wis. Admin. Code, and the federal Omnibus Budget Reconciliation Act of 1990.

### Prior authorization approval criteria

Prior authorization requests for Alitretinoin Gel will only be approved for the self-treatment of cutaneous lesions of AIDS-related Kaposi's Sarcoma (KS).

Prior authorization requests for Alitretinoin Gel will not be approved under the following circumstances:

- When systematic anti-KS therapy is required (more than ten new lesions in the prior month).
- In the presence of symptomatic lymphedema.
- In the presence of symptomatic pulmonary KS.

- In the presence of symptomatic visceral involvement.

Attachment 1 of this Update is a table of covered rebated drugs that require PA. Note that Alitretinoin Gel has been added to this list. This attachment replaces section D of Appendix 20 in the pharmacy handbook. You will receive an updated Appendix 20 with the next pharmacy handbook quarterly replacement pages.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization (MCO) for more information about their PA and billing procedures.

If you have questions about these policy changes, call Provider Services at (800) 947-9627 or (608) 221-9883.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at: [www.dhfs.state.wi.us/medicaid](http://www.dhfs.state.wi.us/medicaid).

**Attachment 1  
Covered Rebated Drugs - Prior Authorization Required**

<b>D. COVERED REBATED DRUGS - PRIOR AUTHORIZATION REQUIRED</b>			
<b>1. Paper Submission</b> These drugs are produced by manufacturers that have signed rebate agreements but require prior authorization to determine medical necessity. Diagnosis and information regarding the medical requirements for these drugs must be provided on the prior authorization request.			
ALPHA-1-PROTEINASE INHIBITOR Prolastin*	CS III & IV STIMULANTS (Excludes Mazindol) Benzphetamine, Diethylpropion, Fenfluramine, Phendimetrazine, Phentermine	ENTERAL NUTRITIONALS Ensure, Pediasure, Meritine, Enrich, MCT, Sustacal, Pregestimil, etc.	FERTILITY ENHANCEMENT DRUGS (when used to treat conditions other than infertility) Chorionic Gonadotropin, Menotropins, Clomiphene, Urofollitropin, Gonadorelin
HUMAN GROWTH HORMONE Humatrope*, Protropin* Serostim™	TREATMENT FOR SKIN LESIONS Alitretinoin Gel (1/15/00)	UNLISTED/INVESTIGATIONAL DRUGS Biopterin (tetrahydrobiopterin), Somogard (deslorelin)  IMPOTENCE TREATMENT DRUGS (when used for a condition other than impotence) Alprostadil Systemic (Prostin VR Pediatric, Vasoprost), Phentolamine, Systemic (Regitine), Phentolamine Oral (Vasomax)	WEIGHT-LOSS AGENTS Meridia (2/1/98) Orlistat (Xenical) (11/15/99)
<b>2. Specialized Transmission Approval Technology (STAT) PA</b>			
AXID PEPCID	PROTON-PUMP INHIBITORS (when requested for use outside of approved diagnosis ranges) Prevacid, Prilosec, and Aciphex		

\* Providers will receive a response within 24 hours from Wisconsin Medicaid for these drug products produced by manufacturers who have signed rebate agreements. Providers must have properly submitted the prior authorization requests.